

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address			
State Capitol		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(916) 445-0873			
Agency Contact (name and title)			
Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

<input type="checkbox"/> Individual	_____ Last Name	_____ First Name	<input checked="" type="checkbox"/> Other	GE c/o Universal Studios Hollywood	
100 Universal City Plaza 5511-6		Universal City	CA	91608	
Address		City	State	Zip Code	

GE is a diversified technology, media and financial services company

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____ Name	\$ _____ Amount	_____ Name	\$ _____ Amount
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3. Payment Information

Date and Amount of Payment (other than travel) 8-15-08 \$ 37,985
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____ Date(s) of Travel	\$ _____ Transportation Expenses	\$ _____ Lodging Expenses	\$ _____ Meal Expenses	\$ _____ Other Expenses	\$ _____ Total Expenses
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Provide a specific description of the nature and use of the payment for official agency business:

GE made a payment to Johnson Edwards Entertainment for entertainment for the Border Governors conference on August 13 - 15, 2008.

Identify the officials for whom the payment was used:

not applicable			
_____ Last Name	_____ First Name	_____ Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Title	_____ Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	9/4/08
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)